

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 371

STATE FILE NUMBER 0009736

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117

2 5117

3

4 0

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11

12 2-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF A. Potter, Jr. M.D.

PLACE OF DEATH
a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph

Length of stay in lb
Since 1919

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Methodist Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (When deceased lived in institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1124 Corby
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Frank S. McKown

4. DATE OF DEATH
Month Day Year
March 24 1965

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
2/3/1886

9. AGE (last birthday)
79 Years

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Doorman

10b. KIND OF BUSINESS OR INDUSTRY
Theater

11. BIRTHPLACE (City and state or country)
Plattsburg, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Thomas E. McKown

13b. MOTHER'S MAIDEN NAME

Willie J. Estes

14. NAME OF HUSBAND OR WIFE

Dora Ann McKown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT
Address
Helen Bywater, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Progressive cardiac dilatation

INTERVAL BETWEEN ONSET AND DEATH
Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

Months

DUE TO (c)

Arteriosclerotic heart disease

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

2 previous myocardial infarctions; cardiac insufficiency

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/18/65 to 3/23/65 and last saw her alive on 3/23/65
Death occurred at 2:10 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Carol A. Potter, Jr. M.D.

22b. ADDRESS Mo.
510 Francis, St. Joseph,

22c. DATE SIGNED

3/26/65

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
3/26/1965

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State)
St. Joseph, Missouri

24. FUNERAL DIRECTOR ADDRESS
Meierhoffer-Fleeman Inc. St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.
Mar. 31. 1965

26. REGISTRAR'S SIGNATURE
Mrs. Clara Goodell

6870000

Permit issued 3-25-65

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert A. Kelly

Licensed Embalmer No. 5220

P. O. Address 501 Maple Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.